

Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.

To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ **Voter's Date of Birth:** ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

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If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number:

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Voter's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

**Voter's mailing
address for ballot:**

(only if different than
home address)

_____ **City:** _____

State: _____ **Zip code:** _____ **Country, if outside US:** _____

Please update my **residential address** and/or my **mailing address** in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ **Date:** ____ / ____ / ____

(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

Designee's driver license or identification card number:

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If no
DL or
ID, then
provide

last 4 digits of Social Security Number:

--	--	--	--

Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

- | | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent of voter's spouse | <input type="checkbox"/> Sibling of voter's spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Child of voter's spouse | <input type="checkbox"/> Voter's legal guardian |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Grandparent of voter's spouse | <input type="checkbox"/> Designee for a voter with a disability |
| | | <input type="checkbox"/> Grandchild of voter's spouse | |

Designee's Signature: _____ **Date:** ____ / ____ / ____

The voter directly instructed me to make this request for them.

Mail to: Miami-Dade Elections Department
PO Box 521250
Miami, FL 33152-1250

Email: votebymail@miamidade.gov